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CONFIRMATION NO. 5954

|                                    |   |                     |                               |                                      |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/696,072 | <b>FILING OR 371(c) DATE</b><br>10/29/2003<br><b>RULE</b> | <b>CLASS</b><br>250 | <b>GROUP ART UNIT</b><br>2881 | <b>ATTORNEY DOCKET NO.</b><br>03-022 |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\*** *None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/30/2004**

|   |   |                                   |                            |                           |                                |
|---|---|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>11 | <b>INDEPENDENT CLAIMS</b><br>3 |
|---|---|-----------------------------------|----------------------------|---------------------------|--------------------------------|

Verified and Acknowledged *[Signature]*  
 Examiner's Signature Initials

**ADDRESS**  
30058

**TITLE**  
Fluid treatment device

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1060 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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